

**PART B - FEE(S) TRANSMITTAL**

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P.O. Box 1450  
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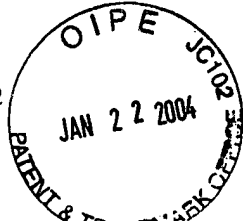
or **Fax**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 10/27/2003

Joseph S Tripoli  
Thomson Multimedia Licensing Inc  
Patent Operation  
Two Independence Way P O Box 5312  
Princeton, NJ 08543-5312



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**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Joseph J. Kolodka (Depositor's name)  
*[Signature]* (Signature)  
January 20, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/598,662	06/21/2000	Scott Joseph Duggan	RCA 90,038	5364

TITLE OF INVENTION: SPHERICAL MOUNTING SYSTEM FOR THREE AXIS ADJUSTMENT OF LIGHT PROJECTOR ASSEMBLY IN A PROJECTION TELEVISION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	01/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CRUZ, MAGDA	2851	353-074000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Joseph S. Tripoli
- 2 Harvey D. Fried
- 3 Joseph J. Kolodka

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: Thomson Licensing S. A.  
 (B) RESIDENCE: (CITY and STATE OR COUNTRY): Boulogne, France

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee
- Advance Order - # of Copies: 10

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) (Date)

Joseph J. Kolodka Reg. 39,731 January 20, 2004

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01 FC:1501 1330.00 DA  
02 FC:8001 30.00 DA

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1330

**Complete if Known**

Application Number	09/598662
Filing Date	21/JUN/2000
First Named Inventor	Scott Joseph Duggan et al.
Examiner Name	Cruz, Magda
Art Unit	2851
Attorney Docket No.	RCA90038

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																																
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING INC. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<b>3. ADDITIONAL FEES</b> <table border="1" style="width:100%"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>1051</td><td>130</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td></td><td></td><td>1052</td><td>50</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td></td><td></td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td></td><td></td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td></td><td></td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td></td><td></td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td></td><td></td><td>1251</td><td>110</td><td>Extension for reply within first month</td><td></td></tr> <tr><td></td><td></td><td>1252</td><td>420</td><td>Extension for reply within second month</td><td></td></tr> <tr><td></td><td></td><td>1253</td><td>950</td><td>Extension for reply within third month</td><td></td></tr> <tr><td></td><td></td><td>1254</td><td>1,480</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td></td><td></td><td>1255</td><td>2,010</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td></td><td></td><td>1401</td><td>330</td><td>Notice of Appeal</td><td></td></tr> <tr><td></td><td></td><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td></td><td></td><td>1403</td><td>290</td><td>Request for oral hearing</td><td></td></tr> <tr><td></td><td></td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td></td><td></td><td>1452</td><td>110</td><td>Petition to revive - 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\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>			
Name (Print/Type)	JOSEPH J. KOLODKA	Registration No. (Attorney/Agent)	39731	Telephone	+1 609 734-6816
Signature				Date	January 20, 2004

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